Area Program / LME Local Business Plan: Quarterly Reports

Area Program(s) / County Program	**Mental Health Services of Catawba County**
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Submission Date / Qtr	**January 2004 – 3rd quarterly update**

Summary Of Quarterly Reports: As stated in Communication Bulletin #2, Local Business Plan Submission and LME Certification, each Area Program / LME is required to provide quarterly updates. The Area Program / LME can choose to use the matrix format as identified in Communication bulletin #2, if using the matrix format for LMP submission or can use the narrative format. At the end of each fiscal year, the Area Program / LME should review / revise and update the three year strategic plan base upon outcomes achieved for the past year and new goals established. The Area Program / LME should always be working toward FULL implementation of the LBP, developing into an LME, and implementing the Communication Bulletin(s) released for the past year. Quarterly reports need to be submitted no later than 30 days after the end of the quarter.

Instructions: For each chapter of the LBP, provide a narrative summary detailing actions completed and barriers toward implementation of the LBP for the past quarter. As Communication Bulletins are released, the Area Program will complete the section identified for the Communication Bulletins on the quarterly report, indicating a plan for implementation and update quarterly until the Communication Bulletin is added into the annual 3-year strategic plan for purposes of Implementation. The Comment Section is intended to provide the Area Program/LME the opportunity to address any concerns, barriers, technical assistance needs, support needs, or suggestions for the Division that will further support the Area Program's work towards implementation of becoming an LME.

I. Planning

During the past quarter, MHSCC has continued to actively move forward in steps toward LME certification and divestiture of services. Christina Thompson was secured as a consultant to assist in this process, providing feedback and guidance as plans become more detailed. She offered positive support for the proposed restructuring which includes the Family N.E.T. and Catawba Valley Behavioral Healthcare (please reference previous submission for description). Planning efforts have included estimated staffing patterns and budgets, and ongoing conferences with both County administration and MHSCC staff are held regularly.

The Board of Directors of the Mental Health Fund, now d.b.a. Catawba Valley Behavioral Healthcare (CVBH), has been

expanded to accommodate new roles and responsibilities of business. A retreat was held to revise both the vision and mission statement, and applications are being processed for the Director position. Interviews are scheduled for the latter part of January.
Staff transition issues are still of high concern as finalization of cost-modeling for the LME and service rates/definitions are unavailable. Accurate and considerate decisions regarding staff require this information. Loss of participation in the county retirement system is a barrier. Meetings between our area director, county personnel director, State Retirement personnel, and Franklin Freeman from the Governor's Office have been held to discuss options available to equitably accommodate transitions for those employees moving to CVBH or other contracted agencies.

I. a. CFAC Involvement (AP to discuss CFAC work, involvement, and issues identified for the past quarter.)

The Catawba County CFAC has continued to be an active player in Mental Health Reform. CFAC is involved in the planning process and has provided input into the 3-year strategic plan. A CFAC representative is part of the committee reviewing proposals for substance abuse services.
Catawba County CFAC hosted a regional CFAC meeting during this last quarter; this meeting involved CFAC representation from the Western Region Area Programs. The Western Regional CFAC has selected Case Management as their primary issue for the next quarter. They are sharing information and their concerns and will develop a position paper to submit to the Division at their next meeting in March. The Regional CFAC will continue to meet in Catawba County but each Area Program will take turns being the facilitator for the discussions.
The CFAC-related issues from previous quarters are still outstanding due to lack of information from the Division regarding service definitions and rate structures.
Catawba County CFAC has submitted applications for membership in the State CFAC and the committee is awaiting a response to the application. A concern was expressed about transportation to the statewide meetings but according to the CFAC Empowerment Team Leader the meetings may be held via video conferencing.
Catawba County CFAC employs a consumer as the CFAC secretary and she along with the CFAC Chair have attended the first session of the CFAC Leadership training being offered by the Council and the NC Council on Developmental Disabilities.

II. Governance, Management, and Administration

This LBP section was submitted prior to 4/1/03 and the program is still awaiting feedback from the Division. In the interim, MHSCC maintains our plan to be certified as a single county LME based upon on-going research and evaluation of all factors involved in this decision. Support from county commissioners and county management continues to reinforce this plan.

III. Qualified Provider Network Development

We continue to send a Provider Survey to all new providers as they develop within our 30 miles/30 minute radius of Catawba County. This survey project was initiated in September 2002. You will note that our survey addresses handicap accessibility and cultural diversity capacity as well as whether the provider has transportation services available to the consumer. This information is entered into our provider database and we are able to sort this information by location, type of service, or age/disability group. This gives us information about current services and services the provider may be interested in providing in the future. Based on MHSCC's first submission of the QPN Provider Survey results, respondents have increased by 60% for the count of providers offering information regarding scope and population focus of treatment. This widens the pool from which a QPN can be contractually developed and designed based on local community consumer needs. Contracts are being negotiated regularly with new providers as the QPN is developed to date. Though current providers of adult substance abuse services are the smallest number, that area represents the highest percentage of potential growth by providers expressing interest in expanding service areas in the future.

In our first year there will be a transition of adult mental health and DD services to a non-profit provider to manage the treatment needs of the severe and persistent mentally ill consumers, developmentally disabled consumers and those with dual diagnoses involving substance abuse issues. Programming involves residential and day programming for adult mental health and DD consumers. Consumers who have had multiple psychiatric hospitalizations and/or complex MH/SA issues will be managed through assertive community treatment approaches and community supports. Psychiatric services will be available through this non-profit provider.

Child mental health services will be transitioned in multiple ways. Private providers for outpatient and residential providers will continue to expand and be included in the provider network. Catawba County Department of Social Services is developing a unit to provide specialized treatment for child mental health consumers with comprehensive treatment needs. Psychiatric services will be available within this specialized treatment unit. A full array of residential providers is available within a 30-mile/30 minute radius of Catawba County; however, there is a limited number available within the county.

Case management services will be integrated within the private provider network. A gap does exist in the area of psychiatric services. Psychiatrists in their private practices are not willing to bill Medicaid because of the rate structure and associated billing compliance costs. Private providers have also been unable to arrange for the provision of psychiatric

services within their practices because of the expense and rate structures. This does result in a limiting of consumer choice when it comes to receiving psychiatric services.

The transition to a fully divested private service provider network will be complete by July 1, 2007.

Mental Health Services of Catawba County has a long history of successfully contracting with community providers for services to children and adults with mental health, developmental disabilities, and substance abuse problems. Contracting with these providers will continue with expansion in services planned by some of these providers. In discussions with existing providers and planned provider groups that will be in place by July 1, 2004, it is expected that the capacity will exist to serve all eligible consumers. The local Consumer and Family Advisory Committee has been clear and consistent in their message that they want providers who provide quality one-stop comprehensive service settings and that provider groups should strive to maintain a low staff turnover rate.

Work has already begun to educate providers about the expectations of using best practices models of care to help consumers achieve treatment goals in a timely manner and to take advantage of natural supports where these exist. Annually, the Consumer and Family Advisory Committee and other stakeholders will work with the Local Managing Entity in reviewing needed services and providers.

Since October of 2003, QPN refinement has progressed. An RFP for Adult Substance Services was posted on November 12, soliciting two contract providers. The committee reviewing applications has representatives from the Area Program staff, Board members, a county commissioner and CFAC member; a decision will be announced by mid-February, with contracting for a two-year period to begin in July 2004.

All contract wording is being revised to accommodate the highest levels of accountability and consumer involvement/monitoring, with outcome date to support practice efficacy.

EAP contracts will terminate on March 31, 2004 and current contractees have been notified of this process and will continue to be assisted in transitioning their business.

The sex offender program is scheduled to be divested by June 30, 2004.

Ground was broken for a new facility that will house the program currently serving high-risk Adult Developmentally Disabled clients. This facility will increase the capacity of consumers able to be served within the community, also inviting

cross-county clientele. In addition, a Facility dog was acquired through rigorous training and investment, enhancing our best practices of care.

Plans for community capacity dollars will be targeted at increasing housing options in the community, including transitional beds (see more detail under the Collaboration section).

IV. Service Management

This LBP section was submitted prior to 4/1/03 and the program is still awaiting feedback from the Division. In the interim, Mental Health Services of Catawba County is participating in the UM Workgroup commissioned at the Division level with DMA to develop UM protocols for LMEs. The UM Readiness Process criteria are also being developed in this Workgroup. Stages of these efforts for development and implementation are contingent upon approval of service definitions. The priority at this point is determining the staff credentialing requirement for LME UM staff. This is particularly important as we are attempting to write job descriptions that reflect the standards expected, and fit into organizational structures in the most efficient and effective way.

V. Access to Care

This LBP section was submitted prior to 4/1/03 and the program is still awaiting feedback from the Division. In the interim, MHSCC has restructured the current Access department to better meet the new requirements as an LME for service access and emergency coverage.

VI. Service Monitoring and Oversight: Quality Management

This LBP section and the requested extra information were submitted in the previous quarters. Catawba County CFAC is actively invested in both the development and participation in a monitoring process to ensure provider accountability.

VII. Evaluation

Some updated components of the Evaluation section are addressed in Quality Management section above.

VIII. Financial Management and Accountability

This LBP section was submitted prior to 4/1/03; awaiting feedback from the Division.

IX. Information Systems and Data Management
This LBP section was submitted prior to 4/1/03 and the program is still awaiting feedback from the Division. In the interim ,the local MIS team has been working on ensuring systems are in place for the transition to an LME. Team members have visited other area programs to review their MCO packages. MHSCC has ownership of an MCO package and it will be installed and operational prior to 7/04. FrontDesk Plus and eCET programs will further increase the efficiency and effectiveness of LME role expectations.

X. Collaboration
MHSCC continues to hold meetings with stakeholders. A forum was held in November with community providers to update on more detailed divestiture plans and timetables, soliciting input and entertaining questions/concerns. Additionally, meetings have been held with the County Commissioners and the Criminal Justice Partnership Program Board to explain how the changes under MH Reform will impact their consumers. We have continued to meet informally with various providers to prepare for the changes.

Communication Bulletin #003 Management of State Plan Target and Non-Target Populations
Information regarding this communication bulletin was submitted with our quarterly update for 7/01/03 under the Qualified Provider Network section. MIS systems to accommodate IPRS have been modified to reflect the most recent specifications for target/ non-target population categories and tracking. Access and clinical management continue to become more specifically defined for target populations.

Communication Bulletin #004 Housing
Mental Health Services of Catawba County (MHSCC) currently operates four group homes for mentally retarded and developmentally disabled adults in cooperation with Housing Development Services, The Arc of North Carolina, Inc. In addition, MHSCC operates one group home and one supervised living apartment program for mentally ill adults in cooperation with the Mental Health Association. MHSCC operates three houses owned by Catawba County, through

which supervised living services are provided to six adults with either mental retardation or mental illness diagnoses. In addition, we lease eight apartments from private landlords where we provide supervised living services to an additional sixteen individuals with mental retardation or mental illness diagnoses. Residential Services and CSP Case Management have worked together to place all sixteen of these individuals on the Section 8 waiting list either through the Hickory Housing Authority or through Western Piedmont Council of Government (WPCOG) over the past year. We currently have two residents receiving Section 8 subsidy through this effort and eleven others are scheduled to meet with WPCOG for the final steps to begin their Section 8 subsidy in September 2003. Residential Services is working closely with Kay Johnson from Housing Works to develop housing for disabled and homeless individuals in our community. Through this relationship, MHSCC has joined with other agencies in the area to begin developing new and exciting housing opportunities. The Park at Cline Village is the first collaborative project that will include five units set aside for this needy population. MHSCC has agreed to be the lead agency in this project providing services to and ensuring referrals of individuals to these units. Natalie McBride, Residential Services Manager, will join the Continuum of Care group in Catawba County and begin working closely with the other agencies involved in this continuum to secure grants and funding for future housing project. Finally, we are set to begin surveying the community regarding housing needs for homeless and/or disabled individuals. MHSCC is actively involved in this area of community development, recognizing and backing the dire need for continued identification and development of housing for the individuals we serve. Of concern is that while the Western Piedmont Council on Government has 345 Section 8 vouchers, it is a lengthy process to become eligible for a voucher. The current list is closed with over 700 applicants waiting for a voucher, and there is no anticipated time for that list to resume being processed again.

In the last three months, MHSCC staff has attended a training sponsored by Housing Works regarding procedures for establishing affordable housing. An application has been submitted to the Mental Health Trust Fund Housing Initiative, through Housing Works; this application seeks $100,000 to purchase a 10-unit apartment building, with some proportionate match money from the Area Program if the grant is awarded.

A collaborative effort is being researched to renovate a former Salvation Army shelter into a facility to provide treatment and services to individuals who may be homeless, may have been involved in the Criminal Justice system, or may be in crisis. Discussions include possibilities of crisis beds, but no decisions have been finalized.

Communication Bulletin #005 Q&A for County Commissioners/Managers

The MHSCC Area Director communicates regularly with the County Manager and County Commissioners around the issues addressed in this communication. There are several areas of reform that require finalized input from the Division

before further steps can be taken. Of particular concern to Catawba County Commissioners is the lack of a finalized LME funding model so that the county's particular financial role can be assessed and budgeted. Another concern being addressed on the local level to elicit/ support Division response is the retirement issue and concerns for employees transferring from the public domain to the private (i.e., ability to remain part of the state/local retirement system when transitioning to a private provider providing MH/DD/SA services, benefit packages, etc.) On this issue, Catawba County Commissioners have presented their concerns to the County Commissioner's Association and have met with local legislators. Our Area Director is continuing to explore options to preserve participation in the retirement system. The Board of Commissioners is aware of on-going strategic planning efforts, including the divestiture process. The County Commissioners have taken an active role in appointments to the Area Board and have ensured that the Area Board meets the required legislative composition, including the appointment of a County Commissioner.

Communication Bulletin #006 Community Hospitals

MHSCC has maintained a partnering role with the two local hospitals over many years. The Area Program will continue to work with the hospitals in a manner that ensures that the hospitals are an active partner in mental health reform. In particular, we will focus on QPN refinement and the hospital's role specifically in access and emergency services. A hospital representative is a member of the Area Board, which lends another level of collaborative involvement as decisions around meeting reform expectations are discussed and finalized. Consultation services provided by MHSCC to the hospital are well-established and form a basis for further development of provider resources for Catawba County citizens.

Communication Bulletin #007 Best Practice - Adult Mental Health

MHSCC has focused on the identification and needs assessment internally for the standard use of best practice interventions per population served. Within Adult Mental health, several best practices are well-established and functional. Our PSR Clubhouse, Connections, has been in operation for 10 years, with components of transitional, supported and independent employment for participating consumers. In addition, the Area Program has developed a part-time position for the CFAC secretary, held by a consumer, to take care of those committee responsibilities and other tasks as assigned. Person-centered planning is most strongly practiced currently with the DD population, but the theoretical focus of building treatment around the consumer's expressed input and needs has long been in place across disabilities. Areas which need to be strengthened are identifying and engaging more community supports across a broader range of life domains. The integrated system of supports and services is best exemplified in the divestiture plans of spinning off a private nonprofit, Catawba Valley Behavioral Healthcare. This comprehensive service provider is being established to meet the

service needs of high-risk adult clients, and will offer the following services: psychiatric care, day treatment, residential services, outpatient counseling and an ACT Team. This provider, in conjunction with other community contracts held by the LME, will work in a relational arrangement to maximize the scope and accessibility of services available to this population. Plans include the marketing of this comprehensive service provider entity to other counties.
As noted briefly above, an ACT Team is in place and currently serving 48 SPMI consumers; plans are in progress to create another team to serve dually-diagnosed MH/SA and MH/DD clients, and those falling within the SMI target population.
We have a staff member serving on the Geriatric Team, a treatment effort that was developed by a non-profit community provider with community capacity dollars; this is a multi-county program. Finally, integrated dual disorder treatment for MH/SA clients has long been standard practice.
Separate from formal therapeutic interventions has been the establishment of a consumer peer support group called New Beginnings. It is solely run by consumers and meets weekly. Consumers of Catawba County have also established a NAMI chapter for local participation.

Communication Bulletin #11 – Child Mental Health Plan
The finalized Child Mental Health Plan has been distributed and reviewed both by Area Program staff and Department of Social Services Staff, with whom family and children's services will be jointly provided under the new entity of Family N.E.T. (refer to planning/divestiture section) Its implications are being addressed in all planning efforts to date, however finalized service definitions and rate structure are still lacking and will having significant impact on the structuring of program components/ staffing/ training needs. The Child Mental Health Plan builds upon our current practices of collaboration and systemic approaches to comprehensive care. MHSCC currently works closely with the 3 local school systems, the courts, local non-profits and community stakeholders to ensure that best practices are employed for all children requiring services.

Comment Section: (AP/LME to address any concerns, barriers, needs for technical assistance, support required, or suggestions for the Division that will further support AP's work towards implementation of becoming an full LME.)
MHSCC is working diligently towards Phase III implementation as a full LME. Key information for planning efforts both at the LME level and for divestiture completion is still lacking from the Division, which slows the local process.

Area Program Director Signature:	Signature
Date:	date